Strengthening Tribal Foundational Public Health Services

TRIBAL AND STATE LEADERS HEALTH SUMMIT 2018

American Indian Health Commission for Washington State
Purpose

To seek direction from Tribal Leaders on next steps for Tribal Foundational Public Health Services

• Developmental work
  • Documentation of existing capabilities and capacity
  • Identification of gaps and needs
• Addressing known gaps
  • “Shovel-ready” projects and initiatives
Public Health and Sovereignty

• Public Health is a core government function

• Tribes exercise their sovereignty when they establish, control, operate, and deliver public health services
Foundational Public Health Services

In general, Foundational Public Health Services (FPHS) are basic underlying capabilities and programs that must be present in every community to protect the safety and health of all citizens.

**EXAMPLES**

**Foundational Programs**
- Communicable Disease Control
- Chronic Disease and Injury Prevention
- Environmental Public Health
- Maternal and Child Health
- Access to Clinical Care
- Vital Records

**Foundational Capabilities**
- Assessment
- Emergency Preparedness and Response
- Communications
- Policy Development and Support
- Community Partnership Development
- Business Competencies
Tribal Foundational Public Health Services

From “domestic dependent nations” to self-determined nations
Background: Foundational Public Health Services

2012, the U.S. Institute of Medicine (IOM) Report “For the Public’s Health: Investing in a Healthier Future”

• The strategies needed to reach U.S. health targets depend on implementing population-based prevention and wellness initiatives

• Most government health spending in U.S. is for individual illness care and treatment of disease

• Recommendation: U.S. health spending should be realigned to assure that every public health department (state, local, tribal) has the skills and capacity to deliver a “minimum package of services”
In 2013, the Public Health Leadership Forum (funded by the Robert Wood Johnson Foundation - RWJF) took on the task to further develop the IOM’s recommendation. To make the recommendation actionable, they created the “Foundational Public Health Services” conceptual framework. Describes the minimum:

*skills,
*programs, and
*activities

that must be part of every public health department.
Background: Foundational Public Health Services

Foundational Public Health Services Model Version 1.0

Programs/Activities Specific to a Health Department and/or Community's Needs
(most of a health department's work is "above the line")

Foundational Areas

Communicable Disease Control
Chronic Disease and Injury Prevention
Environmental Public Health
Maternal, Child, and Family Health
Access to and Linkage with Clinical Care

Foundational Areas

Foundational Public Health Services

Foundational Capabilities

- Assessment (including Surveillance; Epidemiology; and Laboratory Capacity)
- All Hazards Preparedness/Response
- Policy Development/Support
- Communications
- Community Partnership Development
- Organizational Competencies (including Leadership/Governance; Health Equity; Accountability/Performance Management; Quality Improvement; Information Technology; Human Resources; Financial Management; and Legal)
Background: Washington State

Washington State created a **Technical Workgroup** and a **Policy Workgroup** to guide the implementation of the FPHS Framework in WA.
Background: WA State FPHS TECHNICAL Workgroup

Workgroup’s Tasks

1. Define the set of foundational public health services. ✓
2. Estimate the cost of providing foundational public health services statewide and the level of funding needed to support those services. ✓
3. Identify and secure a sustainable funding source for the foundational services

CO-CHAIRS
Barry Kling, Chelan-Douglas Health District
Jennifer Tebaldi, Washington State Department of Health

SUBGROUP COORDINATOR
Marie Flake, Washington State Department of Health

SUBGROUP MEMBERS
David Fleming, Public Health – Seattle & King County
David Windom, NE Tri County Health District
Dennis Worsham, Public Health – Seattle & King County
Elaine Conley, Community Health Leadership Forum (CHELF)
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Maryanne Guichard, Washington State Department of Health
Peter Browning, Skagit County Department of Public Health
Regina Delahunt, Whatcom County Health Department
Tim McDonald, Snohomish Health District
Torney Smith, Spokane Regional Health District
Washington State
Foundational Public Health Services

FPHS must meet one or more of the following:

1. Government is the only or primary provider
2. Population-based (not individual-specific) and focused on prevention
3. Established and/or mandated by law

Additional Important Services
- Communicable Disease Control
- Chronic Disease & Injury Prevention
- Environmental Public Health
- Maternal Child Family Health
- Access to Clinical Care
- Vital Records

Foundational Programs
- Foundational Public Health Services
  - Foundational Capabilities

Across all Programs
- Assessment (surveillance and epidemiology)
- Emergency preparedness and response (all hazards)
- Communications
- Policy development and support
- Community partnership development
- Business competencies
Background:
WA State FPHS POLICY Workgroup

Co-Chairs of Policy Workgroup
John Wiesman
Secretary, Washington State Department of Health

Todd Mielke
Commissioner, Spokane County, District 1

Marilyn Scott
Whe-Che-Utsa Vice Chairman, Upper Skagit Indian Tribe

Elected Officials
Jim Hemberry
Mayor, City of Quincy

Obie O’Brien
Commissioner, Kittitas County, District 3

Jim Jeffords
Commissioner, Asotin County, District 3

Patty Lent
Mayor, City of Bremerton

Joe McDermott
Councilmember, King County, Council District 8

Public Health Representatives
Danette York
Administrator, Lewis County Public Health and Social Services

David Windom
Administrator, Northeast Tri County Health District

Martha Lanman
Administrator, Columbia County Public Health

Scott Lindquist
State Communicable Disease Epidemiologist, Washington State Department of Health

Vicki Kirkpatrick
Administrator, Mason County Public Health

Tribal Public Health
Andrew Shogren
Health Director, Quileute Tribe

Barbara Juarez
Director, Northwest Washington Indian Health Board

Victoria Warren-Mears
EpiCenter Director, Northwest Portland Area Indian Health Board

Jan Olmstead
Public Health Project Manager, American Indian Health Commission
## Background:
### WA State FPHS TECHNICAL Workgroup (cont.)

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<tr>
<th>State Government</th>
<th>State Associations</th>
<th>Judy Huntington</th>
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<td>Jay Balasbas</td>
<td>Anne Tan Piazza</td>
<td>Executive Director, Washington</td>
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<td>Senior Budget Assistant, Office of Financial Management</td>
<td>President, Washington State Public Health Association</td>
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<td>Richard Pannkuk</td>
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<td>Senior Budget Assistant, Office of Financial Management</td>
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<td>Local Public Health Officials</td>
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<td>Robert Crittenden, MD</td>
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<td>Governor’s Office</td>
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<td>Adrienne Thompson</td>
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<td>Co-Chair, Public Health Roundtable</td>
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<td>Susie Tracy</td>
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<td>Lobbyist, Washington State</td>
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Workgroup’s Mission

Create a Vision and recommendations for how to ensure that a foundational set of public health services are available statewide.

Recommendations

1. State funding should ensure costs of FPHS are covered in every community.
2. FPHS should be funded with statutorily directed revenues in a dedicated account.
3. Allocation should be a collaborative process between state and local stakeholders.
4. A robust accountability structure should be collaboratively developed by state and local stakeholders.
5. Tribal public health, with support from the Department of Health (DOH), should convene a process to define how the FPHS funding and delivery framework will apply to tribal public health, and how tribal public health, DOH, and local health jurisdictions (LHJs) can work together to serve all people in Washington.
6. Local spending on Additional Important Services should be incentivized.
Background:
WA State FPHS POLICY Workgroup

Tribal, DOH, and LHJ Action

1. Tribal public health, in collaboration with the state and with support from DOH, should review FPHS definitions, gather and analyze current spending, and develop an estimate for future costs for delivery of these services.

2. Tribal public health and DOH shall work together to define how the FPHS funding and delivery framework can serve the sovereign nations of Washington.
Background: Foundational Public Health Services

Indian Health Service (IHS) services are largely limited to direct patient care, leaving little, if any, funding available for public health initiatives such as disease prevention, education, research for disease, injury prevention, and promotion of healthy lifestyles. This means that Indian Country continues to lag far behind other communities in basic resources and services. Our communities are therefore more vulnerable to increased health risks and sickness.

The State of Public Health in Indian Country, National Indian Health Board, April 6, 2017
(https://www.nihb.org/docs/04222017/Public%20Health%20in%20Indian%20Country%20Fact%20Sheet%20and%20legislative%20priorities.pdf)
### Work to Date:
TRIBAL Foundational Public Health Services

#### Established Tribal Technical and Policy Workgroups

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<tr>
<th>Member</th>
<th>Organization</th>
<th>Committee</th>
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<td>Adrien Dominquez</td>
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<td>Vicki Lowe</td>
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#### Project Management Team:
- Tamara Fulwyler, Director of Tribal Relations, WA Department of Health
- Marie Flake, FPHS Manager, WA Department of Health
- Jan Olmstead, Public Health Policy and Project Advisor, American Indian Health Commission
Work to Date:
TRIBAL Foundational Public Health Services

Tribal FPHS Technical Workgroup Goal

Assure IHS, Tribal and urban Indian health programs (I/T/Us) are a key component of the overall WA State governmental public health system by considering & evaluating FPHS concepts and framework and assessing & identifying Tribal-prioritized foundational public health services and funding opportunities
Work to Date: TRIBAL Foundational Public Health Services

The Tribal Foundational Public Health Services Technical Workgroup was formed to:

- Explore the FPHS definitions
- Determine whether FPHS services are currently provided by/for the ITUs and if yes, how they are being provided
- Consider how the FPHS definitions could benefit and apply to the ITUs and recommend revisions, if needed
- Identify the current expenditures and funding sources for FPHS that are provided by/for the ITU
- Estimate the cost and funding gaps for providing FPHS by/for the ITU and incorporate this into the FPHS cost model
Work to Date:
TRIBAL Foundational Public Health Services

The Tribal Foundational Public Health Services Technical Workgroup: WORK COMPLETED

• Provided briefings and presentations to raise awareness of FPHS and the benefits of including ITUs

• Established a workplan to further engage ITU Leadership and tribal and urban communities in prioritizing, identifying gaps, and defining public health services important as foundational/core services in their communities

• Engaged Tribal FPHS Policy Workgroup to develop proposed language for the inclusion of sovereign Tribal Nations as part of the governmental public health system to be considered by the 2017 legislature
Work to Date: TRIBAL Foundational Public Health Services

The Tribal Foundational Public Health Services Technical Workgroup: Work Completed

- Recommended the *Pulling Together for Wellness* (PTW) framework, co-designed with Tribal and Urban Indian Leadership, be considered as part of this project. It is a culturally-grounded approach that integrates traditional public health practice with Native epistemology.
  - The PTW framework emphasizes Native values and use of Native-based participatory practices
  - Consists of four essential components, including a strategic framework, action steps, measures, and competencies necessary for implementation
  - The PTW includes many of the types of core health services that cross all programs like data collecting and sharing, convening partners and setting priorities for action to improve population health, sharing evidence-based interventions and best practices
Pulling Together for Wellness
THE FRAMEWORK

Components of the PTW framework:
- Mobilizing at the Tribal/Community Level
- Leadership and Community Engagement
- Recruit and Retain Partners
- Specific Outreach to Youth and Elders
- Engagement of Cultural Resources and Traditional Healers
- Engagement of Cultural
- Action Planning Process
- Use of Storytelling – Balance of Data and Stories
- 7 Generation Strategies – Strength-based
- Integrates trauma informed

Tools of the PTW Framework:
- Definition, Vision and Values of the PTW Framework
- Partnership Development Inventory and Process
- Community Health Assessments and Environmental Scans
- Inventory of Cultural Appropriate Strategies
- Matrix: Vision, Goals, Indicators, Strategies (including PSE, EB, PB, PP)
- 18 Competence Domains (knowledge, skills, and abilities)

Generational Clarity

MENTAL

PHYSICAL

EMOTIONAL

SPIRITUAL

HEAL

Historical Trauma, Ongoing Discrimination, & Racism
Equity and Social Determinants of Health
Adverse Childhood Experiences (NEAR)
Lateral Violence and oppression
Work to Date:
TRIBAL Foundational Public Health Services

Based on Resolution passed at the August AIHC Delegates meeting:

• AIHC Executive Committee and Executive Director join the FPHS Steering Committee

• When DOH submitted their Decision Package in September, it included a $296 million biennium request for FPHS. The Tribal request included in the DP was $1.2 million. Based on Resolution passed at the August AIHC Delegates meeting, AIHC submitted an additional $12 million request.
Work to Date:
TRIBAL Foundational Public Health Services

In late 2017, as part of the AIHC’s work to support planning efforts for Medicaid Transformation in Washington State, the AIHC gathered Services Profiles from Indian/Tribal/Urban Health Programs (I/T/Us) submitted Tribal Services Profiles to AIHC to document the breadth of services provided by each Tribe and urban Indian health program.

Profiles at: https://www.aihc-wa.com/about-us/tribal-services-profiles/
Work to Date: TRIBAL Foundational Public Health Services

MAA Project

• Developed the Mutual Aid Agreement for Tribes and Local Health Jurisdictions in Washington State (MAA)

• Identified the need to extend the MAA to tribes and local health jurisdictions in the remaining 6 regions of Washington

• Identified the need to develop Model Tribal Public Health Codes for tribes to assess, adapt and adopt as appropriate

• Established new relationships and strengthened old ones between tribes and local health jurisdictions

• Identified the need to continue developing and strengthening relationships between tribes, UIHPs, local health jurisdictions and other public health partners
Work to Date: TRIBAL Foundational Public Health Services

CJC Project

• Provided training to tribes and local health jurisdictions regarding mechanisms for distribution of medical countermeasures (MCM) to tribes during public health emergencies

• Requested the federal Centers for Disease Control and Prevention (CDC) to clarify guidance regarding distribution of federal MCM assets to tribes during public health emergencies, specifically to address the role of state and local government

• Facilitated 9 tabletop exercises to test the capability to distribute MCM to tribes in a timely manner; documented findings; produced 9 after action reports with recommendations

• Drafted wording for DOH to adopt: “DOH Tribal Medical Countermeasures Distribution Guidance”
Work to Date: TRIBAL Foundational Public Health Services

Gaps Identified

- Culture-grounded prevention framework core competencies
- Community health assessment and community health improvement planning capabilities
- Strategies to address communicable diseases
- Model public health codes, policies and plans for Washington tribes - designed to work in context with Washington State code
- Strategies for cross-jurisdictional collaboration and cross-jurisdictional sharing among tribes and between tribes and local health jurisdictions
- Tribal health information management capabilities and affirmation of tribal data sovereignty
The Asks – Guidance on Next Steps

Developmental Work – Examples of Possible Strategies

• Engagement of ITU leadership and communities in prioritizing, identifying gaps, and defining public health services important as foundational/core services in their communities
• Alignment with the Pulling Together for Wellness framework
• Develop a Washington Tribal Foundational Public Health Assessment Toolbox
• Review the Oregon Tribal Public Health Assessment Process for possible use in Washington State
• Update and expand AIHC’s Tribal Services Profiles
The Asks – Guidance on Next Steps

Known Current Gaps – Examples of “Shovel-Ready” Projects

• Pulling Together for Wellness Framework Core Competencies
• Model Washington Tribes’ Public Health Codes Development Project
• Tribal Medical Countermeasures Plan Development – Technical Assistance to Tribes and UIHPs to develop MCM plans
• Tribal and UIHP Clinic Continuity of Operations Plan Development – Technical Assistance to Tribes and UIHPs to develop COOP plans
• Tribal Point of Dispensing Management Plan Development – Technical Assistance to Tribes and UIHPs to design and manage PODs during public health emergencies
• AIHC Data Project – Technology and Implementation Support for Tribes and UIHPs to Establish and Maintain Population Health Data and Health Services Information Integration Capability
• EPI Center and UIHI Support
Next Steps for 2019-2020 Priorities

• Tribal Leader support of the $12 million TFPHS legislative request

• Consensus on priorities of to address Gaps

• Prioritization of “shovel ready” projects